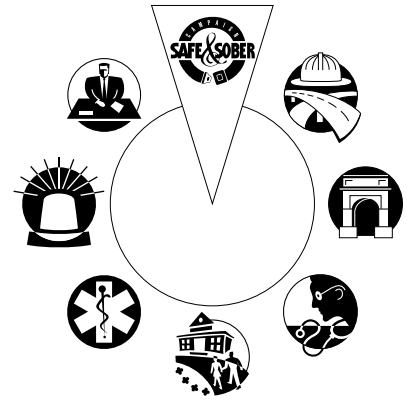


Many communities want to know how to become a Safe Community. Included in this document are 10 sets of questions to help you determine how closely your community meets the Safe Communities profile. You may already be part of an established Community Traffic Safety Program (CTSP), working to prevent motor vehicle injuries, or you may be part of an injury prevention program, seeking to expand your program scope to include traffic safety. Safe Communities, CTSPs, and other community injury prevention programs share many common elements, such as coalition building, problem identification, task forces and/or advisory committees, combining resources, and implementing solutions to solve problems.



There may be differences, however, between how you are currently operating your program and the Safe Communities approach. For example, the Safe Communities concept positions traffic injuries within the context of a community's entire injury problem. However, the community can have a task force or committee dedicated to addressing all injuries, and traffic safety can be part of that committee. This allows members to leverage their expertise with other injury areas. For example, traffic safety advocates can work with those who prevent scalds, burns, and drowning among infants and toddlers to educate about child safety seats.

The Safe Communities approach also represents an evolution in the way community programs are established and managed. All partners participate as equals in developing solutions, sharing successes, assuming programmatic risks, and building a community infrastructure and process for continued improvement of community life through the reduction of traffic-related injuries and costs.

Four main characteristics define Safe Communities. These are:

- Injury data analysis from multiple sources of data;
- Expanded partnerships, especially with health care providers and business;
- Citizen involvement and input; and
- An integrated and comprehensive injury control system.

To determine if your program matches the characteristics of a Safe Community, begin by asking the following questions. The answers may provide the next steps you need to progress along the Safe Communities continuum.

Guidance for Identifying a Safe Community

- 1) Fatalities are only a small, albeit important, part of the traffic safety problem. In most instances, non-fatal injuries are far greater in number and represent greater overall costs than fatalities alone.

Does your program's problem identification effort address traffic-related injuries (in addition to traffic fatalities)?

- 2) Calculating the costs of fatal and non-fatal traffic-related injuries shows a community the vast drain that traffic crashes take on local (public, private, and individual) resources and helps justify the need for injury control initiatives.

Do you calculate costs associated with traffic-related injuries and fatalities?

- 3) Using and linking (where possible) data from multiple sources (e.g., police crash reports, Emergency Medical Services run reports, health department data, hospital Emergency Department data, hospital admission and discharge data, etc.) helps a community (1) fully understand the extent of its injury problem, including the magnitude and consequences of traffic injuries; (2) identify common risk factors; and (3) track progress made as a result of prevention efforts.

Has your program used, analyzed, and linked (if possible) different data sources to be better able to understand the broad injury problem in the community and identify common risk factors?

Are You Part of a Safe Community?

- 4) A Safe Community incorporates elements of the prevention, acute care, and rehabilitation systems into a comprehensive injury control system to address the community's injury problems. Each system element works with and supports the others through communication, data linkage, sharing of research results, and program implementation.

Does your program address comprehensive injury control (at least for traffic-related injuries)? Does it:

- Have a systems approach whereby prevention, acute care, and rehabilitation work together to implement injury prevention strategies;*
- Have a system in place to provide accessible and appropriate care to all patients regardless of the nature and severity of the injury;*
- Work with the rehabilitation community to ensure that injured persons can return to the community as quickly as possible; and*
- Ensure that all three system components continually work with each other to address injury?*

Do you have a coalition with representation of each discipline participating in the role they play in the comprehensive system?

- 5) In their practices, health and medical professionals often witness the magnitude and severity of motor vehicle injuries. Traditionally, however, these professionals, especially those in acute care and rehabilitation specialties, have focused on treating disease and the consequences of injuries. The health and medical communities are in a unique position to play an important role in preventing motor vehicle injuries.

Are the medical, acute care, and rehabilitation communities active participants in your community's programs to prevent traffic-related injuries? For example, are Preferred Provider Organizations (PPOs), Health Maintenance Organizations (HMOs), community hospitals, medical centers, emergency nurses/physicians, rehabilitation therapists/counselors, individual physicians, etc. involved in the traffic injury prevention activities in your community?

- 6) Businesses and employers often participate in traditional CTSPs, frequently by contributing in-kind types of resources as well as participating on community boards. In Safe Communities, businesses and employers extend their efforts by providing prevention programs for employees and families, as well as actively participating in the planning and delivery of community-wide prevention efforts.

Are businesses and employers full and active partners in your community program? Do they actively implement traffic injury prevention programs for employees, family members, and the community?

- 7) Citizen involvement and input into Safe Communities is crucial to ensuring that the program truly serves the needs of the community. Individual citizens actively participate in problem identification, needs prioritization, program planning, and delivery.

Does your community have a process (e.g., town meetings, public hearings, open meetings, etc.) in place for involving individual citizens in the planning, prioritizing, development, and implementation of community programs? Are individual citizens represented on the Safe Community committee?

- 8) Safe Communities control their programs and associated budgets. They are not totally dependent upon federal funding, receive a portion of their funds from within the community itself, and control how programs will be funded.

Is your community program self-sufficient? Is there a process to identify resources and a method for securing resources? Are there injury programs in the community that are ongoing and funded by the community?

- 9) Safe Communities conduct impact and cost benefit evaluations to determine program results in terms of reducing injuries and their costs. This information is used to make adjustments in the program, as well as to justify its continuation by demonstrating that it has reduced injuries and lowered costs.

Does your program utilize impact evaluation and cost benefit analysis to determine effectiveness and refine the program?

- 10) Ultimately, Safe Communities typically address multiple injury problems (traffic, falls, violence, etc.) at any one time as a means to meet the health and safety needs of the community at-large and to maximize the benefit of limited resources. (For example, Safe Kids uses this approach for young children.) Typically, a Safe Communities program is managed through a representative committee or task force committed to reducing the community-wide injury problem. In this scenario, however, traffic safety funds are used ONLY for traffic-related problems.

Is traffic safety integrated into other broader injury control efforts? Do your existing committees address traffic injuries as well as other injuries in the community?



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